

8276

MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>123</u>		Registered No. <u>1140</u>	
County <u>Maricopa</u> State <u>Arizona</u>							
Towship _____ or Village _____							
City <u>Phoenix</u> No. _____ St. _____ Ward _____							
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.							
2. FULL NAME <u>Mary Harvey</u>							
(a) Residence: No. <u>1314 E. Adams</u> St. _____ Ward _____							
(Usual place of abode)						(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Joe Harvey</u>							
6. DATE OF BIRTH (month, day, and year) <u>July 18, 1908</u>							
7. AGE		Years	Months	Days	If LESS than 1 day, _____ hrs. _____ min.		
<u>25</u>							
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10. Date deceased last worked at this occupation (month and year)						
MOTHER	11. Total time (years) spent in this occupation						
	12. BIRTHPLACE (city or town) (state or country) <u>Carter Oklahoma</u>						
	13. NAME <u>Cath Baker</u>						
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>						
	15. MAIDEN NAME <u>Mary Martin</u>						
	16. BIRTHPLACE (city or town) (State or country) <u>Georgia</u>						
17. INFORMANT <u>Willie Baker</u>							
(Address) <u>1314 E. Adams St</u>							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Cottsdale</u> Date <u>9-11-31</u>							
19. UNDERTAKER <u>Hookrey Mortuary Assn'</u>							
(Address) <u>Phoenix Arizona</u>							
20. Filed <u>9-30</u> , 19 <u>31</u> <u>R. S. Koney</u> Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>September 10, 1931</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 1</u> , 19 <u>31</u> , to <u>Sept. 10</u> , 19 <u>31</u>							
I last saw <u>her</u> alive on <u>on Sept 9</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>11:30 PM</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Refractory J. D.</u>							
Other contributory causes of importance:							
<u>"flu"</u>							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>31</u>							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____							
(Signed) <u>R. S. Koney</u> , M. D.							
(Address) <u>Phoenix Arizona</u>							